

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

2003 Annual Report



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Message from Renée T. Slusher

Director, Division of Workers' Compensation

The Missouri Division of Workers' Compensation continues to provide superior customer service to the employers and employees of Missouri. Our goal is to make available adjudication, safety and information services that reduce injuries, decrease costs associated with those injuries and help our customers resolve issues in a fair and impartial manner.

The Division's emphasis on outreach and information is paying off through better overall compliance with the provisions of the Workers' Compensation Law. Electronic reporting and notification is increasing the efficiency of Division staff and providing cost effective communications with the Division for employers, employees and insurers. Better compliance and Division efficiency represent a winning proposition for all participants in the system and result in improved customer service.

I am proud of the role the Division has played in developing an effective resource for employers and employees to increase the safety of the workplace and to resolve issues in a timely and cost effective manner. I look forward to working with the workers' compensation community in 2004 to further enhance the services the Division provides.

Sincerely,



Renée T. Slusher
Director, Division of Workers' Compensation

Introduction

The Missouri Workers' Compensation law was first enacted on April 30, 1925, and took effect in November 1926 following voter approval. The new law had widespread approval from political parties, business and labor, and obtained voter approval by more than a two-to-one margin. Before the new law was enacted, injured workers could only seek redress from their employers in civil court for a work-related injury. To win the case, a worker had to prove employer negligence. Employers could prevail even if the worker proved negligence, if the employer could prove negligence by the worker. These civil cases were often long and expensive. The process most times resulted in high settlements or jury awards for prevailing workers with serious injuries, but did little for workers with minor injuries or for workers not having strong cases of employer negligence.

The 1925 agreement on the workers' compensation law required major concessions by management and labor. Management's concession allowed a no-fault system in exchange for labor's concession of exclusive remedy. The no-fault system was designed to allow faster recovery for workers who had job-related injuries. Under the no-fault system, an injured worker is paid compensation regardless of fault. Compensation was paid at rates set by the legislature. The intent of the no-fault system was to make benefit payments for work-related injuries a simple administrative procedure without requiring the courts to determine fault.

Labor's concession of exclusive remedy requires employees to file all claims for work-related injuries through the workers' compensation system. This provision protects employers from large settlements or jury awards resulting from civil cases and requires employees to resolve work-related injury claims at limited compensation rates.

Workers' compensation systems have been in place in all states since 1949. Each state's system is unique, but the characteristics of no-fault and exclusive remedy are universal. Other than these

similarities, states vary in their laws and how their workers' compensation system operates. It is important for employers that operate in more than one state to familiarize themselves with the workers' compensation laws of each state in which they conduct business.

The Missouri Workers' Compensation law requires all employers with five or more employees, one or more employees if in the construction industry, to provide compensation benefits to workers who become sick or injured as a result of their employment. The law provides three types of benefits for a person who is injured while performing work-related duties.

1. The worker is entitled to receive reasonable medical treatment to cure and relieve the work-related injury at a cost borne by the employer or the employer's insurance carrier. The employer has the legal right to select the treating physician. However, the employee may select a treating physician at the employee's own expense.
2. If the worker misses more than three days of work due to a work-related injury, he or she is entitled to a lost wage benefit referred to as a temporary total disability (TTD) benefit. The TTD benefit generally equals two-thirds of the injured employee's average weekly wage, not to exceed a maximum rate set by the legislature. An injured worker may also be entitled to temporary partial disability (TPD) if he or she is released to return to work and perform "light duty" at lower wages.
3. The worker is entitled to compensation for the permanent effect of the injury. If the disability is less than total the worker will receive a lump sum amount based upon the extent of the disability. If the disability is total, the worker may receive benefit payments for life or a lump sum settlement.

Any injury caused by a job-related accident is covered under the Missouri Workers' Compensation law. This coverage extends from first-aid type injuries to serious accidents and death. Workers are covered from the first minute they are on the job and the coverage continues during all times they are working for the employer. The worker, if injured on the job, must notify his or her employer of the injury. Thereafter, every self-insured employer or the employer's insurer is required by law to notify the Division of Workers' Compensation of each accident resulting in personal injury or death to any worker. Such notification must be done within ten days after knowledge of the accident. Employers or insurance carriers notify the Division by using a form called a First Report of Injury.

Most Missouri workers are covered under the Missouri Workers' Compensation law. Many employers purchase workers' compensation insurance from an insurance carrier. When a worker has a compensable injury, the employer's insurance carrier pays the medical bills and benefits at the limits set by law. Medical benefits are paid in full and are unlimited until recovery from the injury is completed. Disability benefits are paid to compensate an injured worker for time away from his or her employment or for future lost job opportunities as a result of the injury. The disability benefit paid for any permanent residual effect of the worker's injury is based on: 1) the weekly statutory value assigned to the injured body part; 2) the percentage of disability; and 3) the worker's weekly compensation rate.

The Missouri Workers' Compensation law itself has been amended considerably over the last 75 years to adapt to economic, political and social forces, although the concepts of no-fault and exclusive remedy have remained the hallmarks of the workers' compensation system. As the economic and social makeup of the state of Missouri has changed, so have the benefit levels paid to injured workers and the number of workers who have participated in the system.

The Division's administrative organization is designed to promote a fair and amicable settlement between the parties, resulting in a minimum of formal litigation. As the chief administrative officer, the director guides the affairs of the Division. Assisting in the administrative duties are the chief legal advisor, deputy director and the chief administrative law judges assigned to local offices.

The Division's central office is in Jefferson City. In addition, pre-hearing conferences mediations, hearings and conferences are held in eight full-time adjudication offices located throughout the state: Cape Girardeau, Jefferson City, Joplin, Kansas City, Springfield, St. Charles, St. Joseph, and St. Louis. Adjudication proceedings are also conducted in 34 separate locations, in addition to the permanent local offices. Legal staff consists of 26 administrative law judges, aided by 21 legal advisors. The Division employs a staff of 176 full-time employees specifically involved in workers' compensation.

Calendar Year 2003 Highlights

The Division of Workers' Compensation instituted a pilot project whereby docket notices are sent electronically to the parties to the case notifying them of when a proceeding is to be held. The Division piloted with one large insurance carrier and three attorney firms by sending docket notices electronically to determine the feasibility and cost effectiveness of electronic notice. The project has proven valuable to all parties. By the end of 2003, 47 parties had signed up to receive notices electronically.

In 2003, the Division began collecting Second Injury Fund surcharge payments from self-insured employers in addition to insurance carriers. The collection responsibility for self-insured employers rested previously with the Department of Insurance. Nearly \$2 million in late surcharge payments have been collected. In addition, the Division of Workers' Compensation referred over 600 companies to the Missouri Attorney General's office for non-reporting and/or nonpayment, which led to the collection of an additional \$850,000.

The Division partnered with Missouri Employers Mutual Insurance Company and KID'S CHANCE of Missouri to promote WorkSafe Week. This collaboration raised awareness of the problem of workplace injuries and how safety programs can reduce the incidence of workplace accidents. KID'S CHANCE of Missouri is an organization that provides educational scholarships to children of workers seriously injured or killed in work-related accidents. For more information about KID'S CHANCE please visit its website at www.mokidschance.org.

The Division implemented Electronic Data Interchange (EDI) in 1994 as a method to increase the timeliness and accuracy of reporting work-related injuries. Insurance companies, self-insured/self-administered employers and third party administrators have the option of filing First Reports of Injury (WC-1-EDI) using EDI. The efficiency of electronic transmission through EDI gives the filer a more cost-effective and consistently accurate method of communicating with the Division of Workers' Compensation. In 1995, the first full year of EDI production, 10% of First Reports of Injury were filed with the Division electronically. At the end of calendar year 2003, 70% of all work related injuries reported to the Division were reported using EDI.

The Division's website was expanded and reformatted to allow easier access to Division forms, information and current news and announcements. The website contains all the Division's forms used by workers' compensation stakeholders, as well as frequently asked questions and descriptions of programs within the Division.

The Division initiated a procedure to monitor reporting of injuries by insurance carriers and self-insured entities. The law requires receipt of injury reports within ten days of the employer being notified of the injury. The new procedure provides a scorecard to late filing entities and assists them in improving filing performance.

What To Look For in 2004

The Division is developing rules that will require all workers' compensation insurance carriers, self-administered or self-insured employers and third party administrators to file First Reports of Injury through Electronic Data Interchange (EDI) with limited exceptions. Currently, the filing of First Reports of Injury through EDI is voluntary. However, the Division intends to mandate EDI filing in 2005. Required EDI filing uses a national standard format for the electronic reporting of workers' compensation data between insurance carriers and state agencies. EDI filing will also help provide timely and accurate reporting, thereby eliminating backlogs that typically occur in a paper based system. Projected savings from the use of EDI will be based on the following:

- A major reduction and consolidation of the existing paper forms being sent to the Division will reduce paper handling, lost documents and misfiling.
- The standardized data captured across jurisdictions will reduce costs to employers and carriers serving multiple states.
- Improved data quality and maximized personnel resources will reduce data entry requirements.
- The use of coded data rather than textual values will enhance electronic analysis of data.

The Division will continue to increase the number of docket notices provided electronically. Currently, receiving docket notices electronically is voluntary. The Division estimates that sending docket notices electronically to insurance companies and attorneys will save the Division over \$200,000 in postage costs as well as provide convenience and timely notification for insurers and attorneys.

In 2004, the Division will revise the Claim for Compensation form (WC-21) and the Answer to the Claim for Compensation (WC-22) to make filing more efficient and comprehensive. The result will be two forms, one for injuries resulting from accidents and one for occupational diseases.

In June, the Division will hold its Tenth Annual Issues in Workers' Compensation educational conference. This year the conference agenda has been expanded to two full days with additional workshops on workplace safety, medical issues and general workers compensation topics.

A new self-insurance rule will be completed providing a comprehensive rewriting of the rule to reflect changes in the self-

How To Contact the Division

Missouri Division of Workers' Compensation
(Central Office)

P.O. Box 58

Jefferson City, MO 65102-0058

(573) 751-4231

Internet Home Page: www.dolir.mo.gov/wc

Employee Toll Free Information Line:

(800) 775-2667

Employer Toll Free Information Line:

(888) 837-6069

Missouri Workers' Safety Program

P.O. Box 58

Jefferson City, MO 65102-0058

(573) 526-3504

Dispute Management Unit

P.O. Box 58

Jefferson City, MO 65102-0058

(573) 526-4951

Insurance Unit

P.O. Box 58

Jefferson City, MO 65102-0058

(573) 526-6004

Benefits Unit – Rehabilitation, Medical Fee Disputes
and Second Injury Fund

P.O. Box 58

Jefferson City, MO 65102-0058

(573) 522-1467

Fraud and Noncompliance Unit

P.O. Box 1009

Jefferson City, MO 65102-1009

(800) 592-6003

Local Office Directory

Cape Girardeau

Phone: (573)-290-5757

Jack Knowlan, Chief Administrative Law Judge

3102 Blattner, Suite 101

63701

Jefferson City

Phone: (573)-751-4231

Robert Dierkes, Chief Administrative Law Judge

PO Box 58

3315 W. Truman Blvd.

65109

Joplin

Phone: (417)-629-3032

Robert House, Chief Administrative Law Judge

3311 Texas

64801

Kansas City

Phone: (816)-889-2484

Kenneth Cain, Chief Administrative Law Judge

1805 Grand Avenue, 4th Floor

64108

Springfield

Phone: (417)-888-4100

Margaret Holden, Chief Administrative Law Judge

1736 E. Sunshine, Suite 610

65804

St. Charles

Phone: (636)-940-3326

Leslie E.H. Brown, Chief Administrative Law Judge

3737 Harry S Truman Blvd

63301

St. Joseph

Phone: (816)-387-2275

Nelson Allen, Chief Administrative Law Judge

525 Jules Street

64501

St. Louis

Phone: (314)-340-6865

Jennifer Schwendemann, Chief Administrative Law Judge

111 North 7th Street, Rm 250

63101

Program Descriptions 2003

Injury and Claim Processing

The Division is responsible for receiving and processing all documents and information pertaining to a reported work-related injury. Division staff are responsible for data entry and case review. Case review staff are responsible for maintaining injury files, collecting medical and return-to-work information and contacting insurance companies and employers to update case files. Data entry staff are responsible for entering data from the First Report of Injury (WC-1-EDI), the Claim for Compensation (WC-21) and the Answer to the Claim for Compensation (WC-22). Additional staff of the Division are responsible for scanning and indexing all documents into the proper paperless file. In order to accomplish these responsibilities and gather necessary information, the Division employs the use of several forms and form letters.

Every work-related injury and occupational disease, occurring in Missouri, except minor first aid cases, must be reported to the Division. The First Report of Injury form (WC-1-EDI) is used to file the information.

In Calendar Year 2003 there were 143,244 injuries reported to the Division of Workers' Compensation

An injured worker has the right to file a claim to initiate a contested case with the employer and insurer. A claim is also filed to toll (stop) the statute of limitations from expiring. The Claim for Compensation (WC-21) is entered in the Division's computer system and sent to the employer/insurer following receipt by the Division.

An employer or insurer must respond to a claim for compensation within 30 days, on a WC-22 form, Answer to Claim for Compensation. Division

staff process answers to claims in a manner similar to processing claims. Copies are sent to the employee and the employee's attorney when applicable.

Employees filed 23,576 Claims for Compensation in 2003. Of these, 13,518 included a claim for Second Injury Fund benefits.

The employer or insurer must complete the Notice of Commencement/Termination of Compensation Payments (WC-2). This form is required as soon as compensation payments begin for a disability lasting longer than three days and should be filed with the WC-1-EDI, Report of Injury, unless that form was previously submitted.

The employer or insurer also must file this form when the final payment for temporary total or temporary partial disability is paid to an injured worker. If the total time period for payment of temporary total disability is less than thirty days, a report after the final payment is all that is required. It is then evaluated by the Division to determine if the amount of payment is correct. If the calculation is found to be incorrect and the employee was not paid the correct amount, the self-insured employer or insurance carrier is notified by the Division. If the amount paid is correct, the form is coded and routed for case review. Once data entry is complete, the documents are scanned into the Division's paperless file.

The medical report portion of the WC-2 is required from the self-insured employer or insurance carrier for each doctor's visit. The report is evaluated to determine if it is a final report or if further treatment or information is needed. A determination is made as to whether more data is needed, the case can be closed, or the case should be forwarded to the local office to be set on a docket.

Adjudication and Early Dispute Resolution

The primary responsibility of the Division of Workers' Compensation is to assist the parties in resolving all cases of work-related injuries and occupational diseases. An important component of this responsibility is to provide fair and equitable administrative adjudication services in a timely and cost effective manner. When the parties to workers' compensation cases resolve their issues through evidentiary hearings instead of settlement, the costs for injured workers and employers increase considerably.

The Division's administrative organization is designed to promote a fair and equitable settlement between the parties with a minimum of litigation. The Division has 47 administrative law judges and legal advisors in eight local offices around the state. The adjudication staff assists employers and workers in settling disputes that may arise because of the injury.

One of two tracks may be used to help parties resolve workers' compensation cases: the non-contested track or the contested tracks. The non-contested track begins with the filing of a First Report of Injury (FRI) by the self-insured employer or insurer. When the worker has been fully released to work and there is an indication there is a permanent effect of the injury, the parties come to a conference setting with an administrative law judge or legal advisor to resolve the payment of permanent partial disability benefits. The conference is usually conducted using mediation techniques to reach a settlement agreement that both parties accept and sign.

The Division's adjudication staff held 21,685 conferences in 2003.

A contested case begins when the injured worker files a Claim for Compensation (WC-21)

requesting benefits. The claim is usually filed if the injured worker believes the employer/insurer is not paying or providing all required benefits. The case may then be set for a pre-hearing conference, mediation or evidentiary hearing. The pre-hearing conference and mediation are settings designed to resolve the case as quickly as possible. Depending on the local office rules, the pre-hearing conference may be as involved as a mediation.

In 2003, the adjudication staff held:
60,651 Prehearings
23,673 Mediations
928 Hearings

To minimize the costs for parties to a case, the Division's Dispute Management Unit services are specifically designed to resolve disputes quickly in the early stages of the case while still preserving the rights of all parties involved.

The mediators in the Dispute Management Unit assist both workers and employers by providing information and facilitating communication. Mediations, designed to resolve medical issues and the payment of temporary benefits, are primarily conducted by telephone. This is a voluntary process and the parties do not need to be represented by legal counsel to participate in this informal mediation system.

Although not part of the Dispute Management Unit, the central office has three information specialists who respond to inquiries from injured workers calling on the employee information line (800-775-COMP). Often, cases are identified that may benefit from mediation, and those calls are transferred to the mediators. The information specialists also handle the employer information line (888-837-6069) to respond to employer inquiries.

In 2003, Information Specialists handled over 40,000 calls from injured workers.

Insurance and Proof of Coverage

Missouri law allows employers to meet their workers' compensation liabilities through an alternative method known as self-insurance. When an employer qualifies to become self-insured, it becomes financially responsible for all workers' compensation liabilities incurred. Self-insurance has proven to be a cost effective alternative for employers with the means to assume the associated financial risk.

There are two types of self-insurance allowed by statute: individual or group trust. Individual self-insurance requires the employer to be wholly responsible for its workers' compensation liabilities. Therefore, only larger employers will normally meet the requirements. Missouri has stringent requirements that must be met before an employer is granted authority to self-insure, including requirements that relate to financial stability and claims handling ability. Upon approval of the Division, a self-insured employer must also post adequate security to cover losses should the employer become insolvent. In a trust, employers pool their financial resources to distribute risk. More specifically, employers contribute to a loss fund from which claims incurred by members of the trust are paid. If total losses experienced by the group exceed the balance in the loss fund, then each employer must contribute additional funds. There are two types of trusts: homogenous trusts, where members are in similar industry type and heterogeneous trusts where members' businesses may not be similar but who are fellow members of a trade association or group.

As of December 31, 2003, there were 388 individual self-insured employers and 29 self-insured trusts comprised of 3,534 employers.

The Insurance Unit is responsible for regulating all self-insured entities in Missouri. The unit must ensure that all self-insured employers comply with the Missouri Workers' Compensation Law. The unit's primary functions are approval of

new self-insured entities, regulation and oversight of existing self-insured entities, conducting case management and safety audits, and administering the proof-of-coverage program.

In 2003, over 26% of the workforce in Missouri was employed by businesses that self-insure their workers' compensation liability.

The Missouri Workers' Compensation Law provides: "Any insurance company authorized to write insurance under the provisions of this Chapter in this State shall file with the Division a memorandum on a form prescribed by the Division for any workers' compensation policy issued to any employer and any renewal or cancellation thereof." Insurers currently file proof of coverage information electronically with the majority of insurers reporting through the National Council on Compensation Insurance (NCCI). NCCI provides the proof of coverage information to the Division electronically; thereby saving time and money for both the insurer and the Division. Insurers may also report policy information through electronic data interchange (EDI) with a division vendor.

4,046 calls were received by the Division in 2003 inquiring about proof of employers' workers' compensation insurance coverage.

Workers' Safety Program

In 1992, the Missouri Workers' Safety Program was created to assist Missouri's businesses in establishing safe and healthy workplaces. Employers requesting assistance are evaluated against a set of certification standards. On-site consultations are conducted at the request of the employer to evaluate hazards in the workplace.

In 1993, the duties of the Workers' Safety Program were expanded to include the certification and annual review of insurance carrier safety

programs. Each insurance carrier writing workers' compensation insurance in the state must provide the Missouri Workers' Safety Program a written outline of its safety engineering and management program. The insurance carriers' program must be certified by the Division for adequacy by the Division. The Workers' Safety Program performs random on-site visits to insurance company policyholders as a part of the certification and renewal process.

The Workers' Safety Program's safety consultants conducted 321 on-site visits with employers in 2003. Over 45,000 employees worked for those employers and were potentially affected by hazard abatement strategies offered by the consultants.

The Workers' Safety Program informs and educates employers about changes in workers' compensation laws and implementation of workplace safety and health programs of benefit to them and their employees. The staff of workers' safety professionals offers Missouri employers a wide variety of educational and professional expertise in safety and risk management.

In 2003, the Workers' Safety Program completed comprehensive safety audits and reports for 22 companies that applied to individually self-insure their workers' compensation liability.

The Workers' Safety Program also reviews the safety programs of employers applying for authority to self-insure to determine the efficacy those safety programs. This review helps ensure that an equal level of workplace safety and health assistance is provided to self-insured employers that is available in the commercial carrier market.

The program certifies and maintains a registry of safety consultants and safety engineers. The registry provides Missouri employers with a list of safety consultants and engineers that are recognized as having met the state's certification standards. Copies of the registry are available to any Missouri

employer upon request and can be found on the Division's website.

In 2003, the Division certified 46 insurance carrier safety programs.

Physical And Vocational Rehabilitation

The goal of this program is to restore the injured employee, as quickly and as nearly as possible, to a condition of self-support and maintenance as able-bodied workers, through physical or vocational rehabilitation. Qualified employees may receive up to 20 weeks of supplemental benefits from the Second Injury Fund in the amount of \$40 per week.

Only those seriously injured employees receiving physical rehabilitation in a facility certified by the Division are entitled to the extra weekly Second Injury Fund benefit. This does not mean the employee cannot be rehabilitated in other facilities. It does mean, however, if rehabilitated in other facilities, the employee cannot receive Second Injury Fund benefits. To be certified, the facility must meet criteria and specifications for function, personnel, equipment, quality, and facility adequacy. The Division has recently updated the criteria for certification of compliance to current professional standards. Presently, there are over 400 facilities in Missouri certified by the Division of Workers' Compensation.

The Division certified 45 new physical rehabilitation facilities in 2003. At the end of 2003, 439 physical rehabilitation facilities were listed as certified facilities.

The Physical Rehabilitation Program staff investigates and determines employee eligibility to receive benefits. When the employee meets the criteria and is receiving services from a certified

facility, the Director issues an order for physical rehabilitation and authorizes the \$40 in weekly payments to be paid to the employee from the Second Injury Fund. In unusual cases, benefits may be provided for periods longer than the specified 20 weeks. Benefits are paid to the employee only during the rehabilitation period. The unit works closely with attorneys, employees, insurers, case physical rehabilitation services managers and therapists to identify and provide physical rehabilitation services to injured workers.

In 2003, 232 new cases were approved for eligibility of Second Injury Fund rehabilitation benefits.

Employers may also take advantage of the Voluntary Vocational Rehabilitation Program that provides vocational rehabilitation services to severely injured employees. To qualify, an employee must have suffered a severe workplace injury. The employee may receive vocational rehabilitation services, if authorized by the employer, which are reasonably necessary to restore the employee to suitable and gainful employment.

The Division has the responsibility to ensure qualified vocational rehabilitation practitioners and facilities are available and have the capability of providing the appropriate vocational rehabilitation services for the injuries sustained. The Division also has the responsibility of reviewing the written plan of care to ensure the goal of returning the employee to gainful employment is being implemented. To conserve resources and reduce duplication of services, an interagency agreement exists with the Division of Vocational Rehabilitation in the Department of Elementary and Secondary Education to provide these services.

Medical Fee Disputes

The Medical Fee Dispute Program facilitates the resolution of medical fee disputes arising between a health care provider and

the self-insured employer or insurer. There are two types of disputes. The first type is when the health care provider has been authorized to provide medical treatment by the self-insured employer or insurer but is paid only a portion of the bill. The health care provider files an Application for Payment of Additional Reimbursements of Medical Fees with the Division. In this type of dispute the self-insured employer or insurer has typically discounted the bill, and the health care provider is unwilling to accept the discount. The second type of dispute occurs when authorized medical services were provided, but the self-insured employer or insurer has not paid even a portion of the bills. In this case, the health care provider files a Notice of Services Provided and Request for Direct Pay application with the Division. There are numerous reasons why the self-insured employer or insurer may decide to not pay the bill. A frequent reason for the dispute is the self-insured employer or insurer's denial of the compensability of the injury. These types of disputes must be tied to the underlying case and resolved when the case is adjudicated.

The Medical Fee Dispute Unit received 884 applications in 2003. A total of 623 were resolved by the parties.

A Report of Injury or Claim for Compensation for the injured employee must be on file with the Division in order for the Division to have jurisdiction over the dispute. After the application is accepted, the health care provider must attempt to resolve the dispute with the insurer.

This encourages the resolution of the dispute between the health care provider and the self-insured employer or insurer without the intervention of the Division of Workers' Compensation. If unsuccessful, the Division provides a forum to resolve the dispute. Either party may request an evidentiary hearing. To avoid problems and preempt disputes, the Division encourages the health care provider and insurer to enter into long-term economic relationships.

Twenty-one evidentiary hearings were held before an administrative law judge in 2003 to settle medical fee dispute issues.

Second Injury Fund

The Second Injury Fund (SIF) is a dedicated fund for the payment of benefits to injured workers. The SIF was created in 1943 to assist disabled veterans in obtaining employment by limiting the liability of employers only to the work related injury incurred in the workplace. Today, the same holds true for any pre-existing injury or disability. The SIF pays benefits to a worker when the current injury, combined with any prior disability, makes the worker permanently and totally disabled. The employer pays only for the current injury and the SIF pays weekly benefits to the worker for the permanent total disability. Since its creation, the SIF has been expanded to include:

1. Payments for permanent partial disability;
2. Medical bills of the injured worker when the employer has failed to insure its workers' compensation liability as required by law;
3. Death benefits for the dependents of a worker killed on the job when the employer is uninsured;
4. Benefits for physical rehabilitation of the injured worker; and
5. Temporary total disability benefits for wages from a second job when the worker is injured on another job.

In 2003, the total number of Claims for Compensation filed against the Second Injury Fund was 13,518. Of those, 12,786 also included a claim against the employer/insurer in the filing and 732 were filed against the Fund only.

The Missouri State Treasurer is the custodian of the SIF, the Attorney General's office defends the SIF, and the Division processes SIF benefit payments. When an employee is eligible for benefits and a compromise settlement has been approved or an award has been issued, the Division processes payments to the injured worker.

In 2003, Second Injury Fund benefits paid by the Second Injury Fund by type were:

Death:	\$ 420,794
Lost Wages:	\$ 340,462
Medical:	\$ 765,431
Permanent Partial Disability:	\$38,829,384
Permanent Total Disability:	\$13,170,923
Rehabilitation:	\$ 243,434

Claims against the Second Injury Fund for permanent total disability, permanent partial disability, lost wages from a second job and uninsured employer medical or death benefits are made by filing a WC-21, Claim for Compensation form, indicating SIF benefits are being sought by the injured worker. Answers to Claims are filed by the Office of the Attorney General representing the SIF.

The Division's SIF payment processing staff continually updates addresses and claimants' marital and death status information to assure proper payments are made for lifetime awards or dependent death payments. The SIF staff also collects surcharge payments from insurance companies authorized to write workers' compensation policies in Missouri and self-insured employers and trusts. These companies are required to submit a Second Injury Fund Surcharge report and payment, if due, on a quarterly basis to the Missouri Division of Workers' Compensation. The SIF staff verifies the reports for accuracy, ensures they are received in a timely manner, corresponds with insurers if there are discrepancies in the report, and then enters all information into a surcharge database.

Fraud and Noncompliance

This unit is responsible for investigating alleged fraud and noncompliance. The unit investigates allegations of fraud by employees, employers, attorneys, insurers and physicians. After a thorough investigation, the Division refers cases where fraud or noncompliance seem likely to the attorney general's office for possible prosecution.

Noncompliance occurs when employers who are required to provide workers' compensation coverage fail to do so. In Missouri, an employer with five or more employees is required to have workers' compensation insurance. The only exception is the construction industry where employers with one or more employees are required to provide coverage.

Noncompliance complaints received in 2003 totaled 845. Of these, 765 were closed and 231 were referred for prosecution.

In Missouri it is unlawful to:

1. File a fraudulent workers' compensation claim;
2. Submit multiple claims for the same injury;
3. Help others present a fraudulent claim
4. Make or cause to be made any false or fraudulent material statement or material representation for the purpose of obtaining or denying any benefit;
5. To make or cause to be made any false or fraudulent statements with regard to entitlement to benefit with the intent to discourage an injured worker from making a legitimate claim.

It is also unlawful for an insurance company or self-insurer to intentionally refuse to comply with known and legally indisputable compensation obligations, discharge or administer compensation obligations in a dishonest manner or discharge or administer compensation obligations in such a manner as to cause injury to the public or those persons dealing with the employer or insurer.

Any person may file a complaint alleging fraud or noncompliance by either contacting the Fraud and Noncompliance Unit (FNU) or a legal advisor in any of the Division's local offices. All investigations conducted by the FNU are strictly

confidential. Consequently, persons lodging complaints are not provided information on the outcome of the investigation prior to prosecution. A complaint is referred to the Director of the Division of Workers' Compensation. The Director may then refer the case to the Missouri Attorney General for prosecution.

In 2003, 518 fraud complaints were received by the FNU. The staff closed 488 and 39 were referred for prosecution.

Any person convicted of committing fraud is guilty of a class A misdemeanor and is liable to Missouri for a fine not to exceed \$10,000 or double the value of the fraud, whichever is greater. Any employer failing to insure its liability is guilty of a class A misdemeanor and is liable to Missouri for penalty in an amount equal to twice the annual premium the employer would have paid had such employer been insured or \$25,000, whichever is greater. A second conviction of fraud or noncompliance is a class D felony.

Any fines or penalties levied and received as a result of prosecution are paid to the Workers' Compensation Fund. Any restitution ordered as part of the judgment is paid to the persons who were defrauded.

In 2003, fraud and noncompliance referrals resulted in \$418,521.10 in fines paid and \$13,244.99 in restitution.

Tort Victims' Compensation

The Missouri Tort Victims' Compensation Fund was established by legislation passed in 1987. Revenue into the fund is generated by a portion of moneys paid as punitive damages in civil lawsuits in Missouri. The Division administers the Tort Victims' Compensation Program because the Division has a mechanism to hear appeals to administrative determinations.

In 2001, the Missouri General Assembly enacted legislation authorizing claims to be made from the fund and gave the Division responsibility of evaluating and paying claims.

The fund compensates people who have been injured due to the negligence or recklessness of another (such as in a motor vehicle collision or hunting accident), and who have been unable to obtain any or part of a court ordered judgment entered against the defendant because the party at fault had inadequate or no insurance, filed for bankruptcy, or for other reasons specified in the law.

Crime Victims' Compensation

The Crime Victims' Compensation Program provides financial assistance to victims who have suffered physical harm as a result of violent crime. In the case of death, the program provides assistance to the victim's dependents. The Crime Victims Program is designed to assist victims of violent crimes through a period of financial hardship as a payor of last resort. If a victim has exhausted other sources of compensation, such as health insurance, and has no other source of reimbursement, the program can help pay for medical costs, wage loss, psychological counseling, funeral expenses and support for dependent survivors to a maximum limit of \$25,000.

Like the Tort Victims' Compensation Program, the Crime Victims' Compensation Program is administered by the Division of Workers' Compensation in order to provide adjudication services that may be required in disputes that may arise.

Major Findings

There has been a significant reduction in workplace injuries in Missouri since 1999. Table 1 shows that reported injuries have dropped from 177,593 in calendar year 1999 to 143,244 in calendar year 2003, a 19% decline over the period.

The decrease in work-related injuries is most likely attributed to employers instituting safety procedures in the workplace. Significant strides have been made in safety over the last several years. Employers have become more conscious of the impact safety controls can have on injury occurrence and cost. In addition, the Division of Workers' Compensation Workers' Safety Program has increased outreach efforts in order to provide assistance to Missouri employers in eliminating safety hazards in the workplace.

As seen in Table 2, the number of total claims for compensation filed by employee against only the self-insured employer or insurer, has remained fairly constant, fluctuating slightly over the five-year period. At the same time, as seen in Table 16, claims against the Second Injury Fund whether included as part of the claim against the self-insured employer or insurer or filed exclusively against the fund have grown steadily since 1999, with only a slight decrease from calendar year 2002 to 2003.

While the number of injuries has declined since 1999, the average cost of Temporary Total Disability (TTD), Permanent Partial Disability (PPD) and Medical has increased moderately over the five-year period as shown in Tables 3, 4 and 5. The average cost per cases for TTD increased 38% from 1999 to 2003 while the PPD average cost per case grew by only 27%. The average cost of medical cases had the greatest increase, more than doubling over the five-year period. Permanent partial disability is the benefit paid to injured workers who have experienced a permanent disability because of a workplace injury, and temporary total disability is the replacement wage benefit paid to injured workers who miss work because of an injury.

Tables 11A to 11E show a gradual shift of reported injuries over the five-year period from commercial insurer to self-insured employers. Since 1999 there has been a 1.7% increase in injuries reported by self-insured employers.

All Second Injury Fund benefit types showed increases since 1999. However, permanent total and permanent partial disability benefits paid by the Second Injury Fund during the period have experienced the most dramatic growth. Table 15 shows the trend in permanent total and permanent partial disability payments. Total dollars paid for permanent partial disability in that five-year period more than doubled with a \$19,811,114.66 increase over the period. Although dollars paid for permanent total showed slight growth from calendar year 2001 to calendar year 2002, there was a significant increase in 2003 over the previous year. Overall, the percentage increase in permanent total benefit payments was not as pronounced as permanent partial benefits during the five-year period. Second Injury Fund permanent total benefits rose a total of \$6,386,481.83. The total increase for the five-year period for both permanent partial and permanent total was \$26,197,596.49.

To minimize costs for the parties to a case, the Division's mediation services are specifically designed to resolve disputes more quickly and at the same time preserve the rights of all parties involved. As shown in Table 19, over the last five years, the number of mediations has increased 21 percent from 19,612 in calendar year 1999 to 23,673 in calendar year 2003. At the same time, the number of hearings during that time period has remained essentially steady with slight fluctuations.

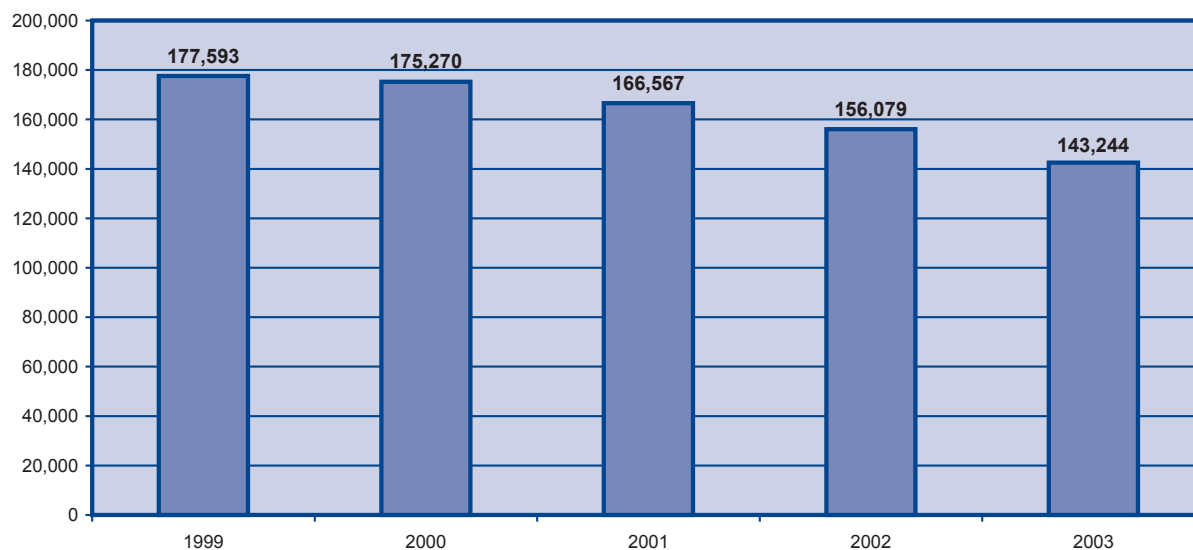
The increase in mediations is significant because the resolution of disputes in the earlier stages of a contested case provides benefits more quickly to the injured worker. This procedure also reduces costs for the employer/insurer and the injured worker that are associated with preparing for a hearing.

Program Statistics

This section of tables and charts provides statistical data for the last five calendar years 1999-2003

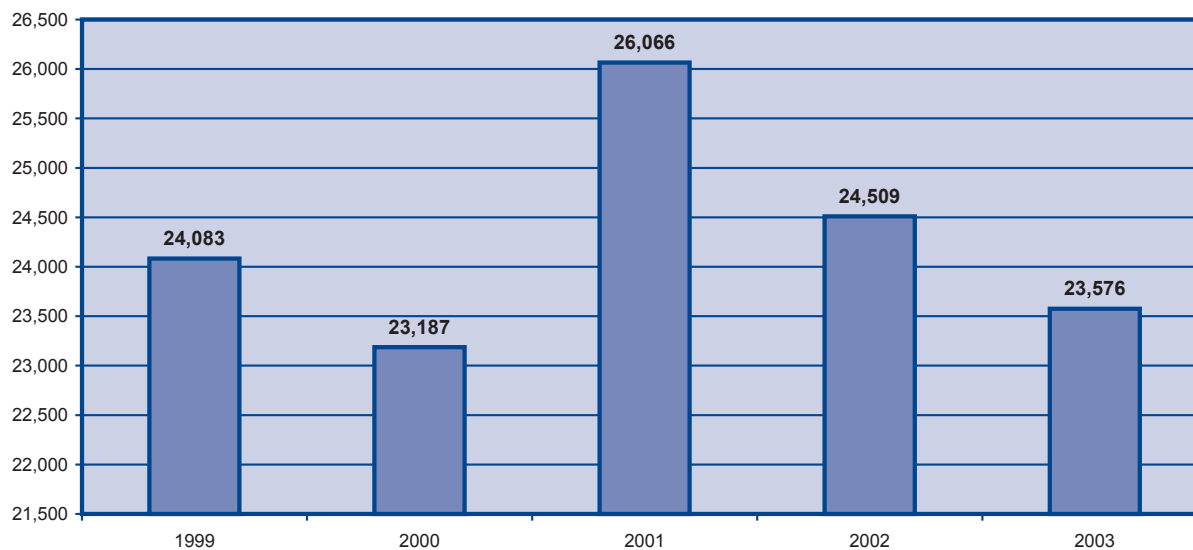
- Number of Reported Injuries Table 1
- Number of Claims Filed Table 2
- Temporary Total Disability Payments and Average Cost Per Case Table 3
- Permanent Partial Disability Payments and Average Cost Per Case Table 4
- Medical Only Cases and Average Cost Per Case Table 5
- Top Ten Distribution of Cases by Body Part Table 6
- Top Ten Distribution of Cases by Nature of Injury Table 7
- Top Ten Distribution of Cases by Cause of Injury Table 8
- Cases by Gender Table 9
- Cases by Lost Time and Medical Only Table 10
- Distribution of Cases by Insurance Type (Commercial or Self-insured) Tables 11A-E
- Local Office Map
- Distribution of Injuries by Local Office Table 12
- Distribution of Claims by Local Office Table 13
- Distribution of Cases (medical only and indemnity) by County Table 14
- Second Injury Fund Benefits Paid by Type Table 15
- Claims Filed Against the Second Injury Fund Table 16
- Disability Maximum Benefit Amounts Table 17
- Case Dispositions Table 18
- Number of Proceedings Table 19
- Percentage of Cases Resolved by Type of Proceeding Table 20
- Division of Workers' Compensation Activity Table Table 21

Table 1
Number of Reported Injuries
Calendar Years 1999-2003



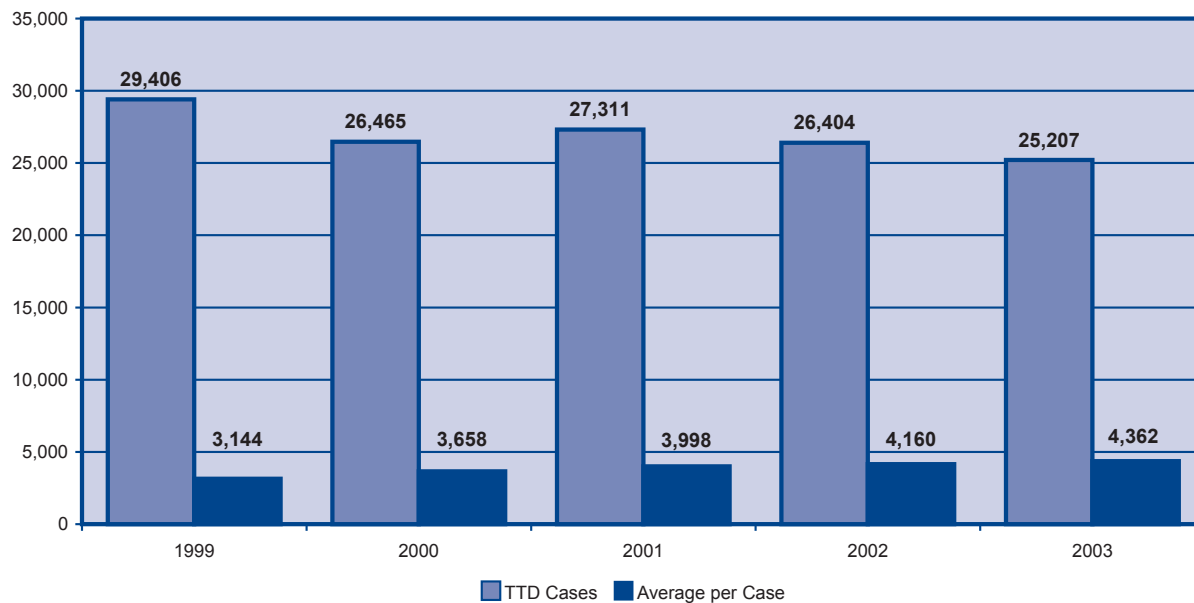
* Total number of injuries for CY 2003 will increase with cases reported through a Claim for Compensation being filed where no Report of Injury was filed.

Table 2
Number of Claims Filed
Calendar Years 1999-2003



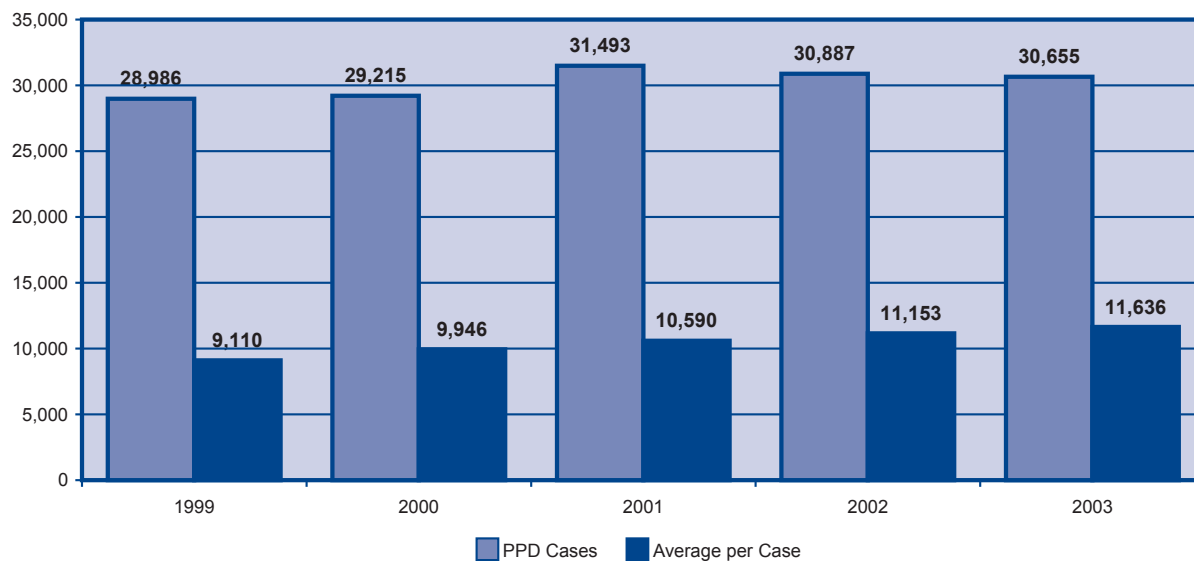
* A Claim for Compensation is a legal document filed by the injured worker that initiates a legal proceeding before the Division. It also informs the Division a dispute exists between the workers the employer/insurance carrier as to the facts of the case..

Table 3
Temporary Total Disability* Cases and Average Cost Per Case
Calendar Years 1999-2003



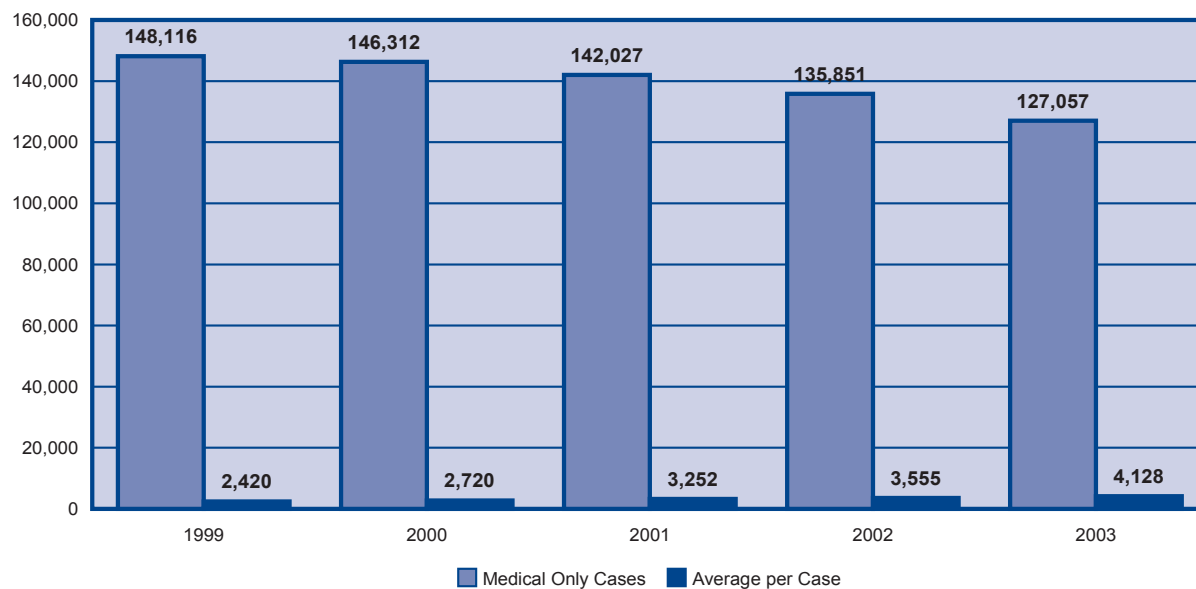
* Temporary Total Disability Benefits are paid when the injured worker misses more than three days from work because of the injury and equals sixty-six and two-thirds percent of the injured worker's average weekly wage not to exceed a certain maximum set by law.

Table 4
Permanent Partial Disability* Cases and Average Cost Per Case
Calendar Years 1999-2003



* Permanent Partial Disability Benefits are paid to the injured worker when it is determined there is a permanent disability as a result of the injury and equals sixty-six and two-thirds percent of the injured worker's average weekly wage not to exceed a certain maximum set by law.

Table 5
Medical Only Cases* and Average Cost per Case
Calendar Years 1999-2003



* Medical Only Cases are those where there is no lost time from worker as a result of the injury.

Table 6
Top Ten Distribution of Reported Injuries by Body Part
Calendar Years 1999-2003

<u>Body Part</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
LOW BACK AREA	13.2%	13.3%	12.9%	12.7%	12.6%
FINGER(S)	10.5%	10.1%	9.9%	10.1%	10.1%
HAND(S)	7.3%	7.4%	7.3%	7.4%	7.4%
KNEE(S)	6.4%	6.5%	6.6%	6.7%	6.8%
MULTIPLE BODY PARTS	5.7%	5.9%	5.7%	5.8%	6.1%
EYE(S)	5.4%	5.2%	5.1%	4.6%	4.6%
WRIST(S)	5.1%	4.9%	4.9%	4.8%	4.7%
SHOULDER(S)	4.5%	4.7%	5.1%	5.2%	5.2%
ANKLE(S)	3.5%	3.5%	3.6%	3.7%	3.8%
LOWER ARM(S)	3.4%	3.5%	3.4%	3.5%	3.4%

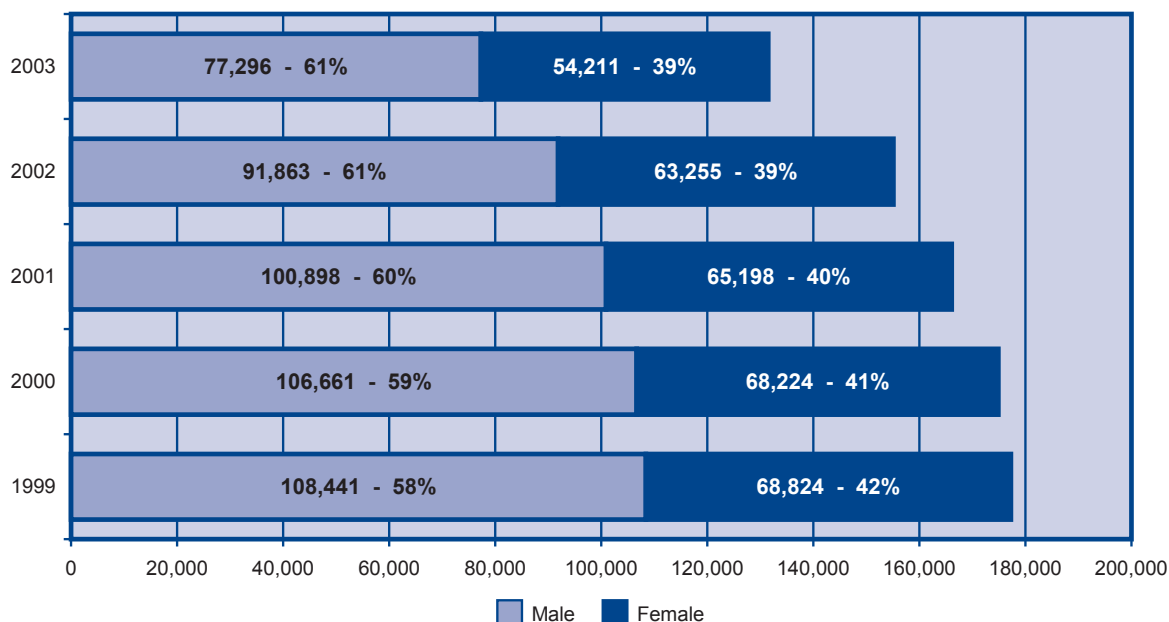
Table 7
Top Ten Distribution of Reported Injuries by Nature of Injury
Calendar Years 1999-2003

<u>Nature of Injury</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
STRAIN	30.9%	31.4%	32.5%	32.0%	31.3%
CONTUSION	15.3%	15.3%	14.5%	14.6%	15.1%
LACERATION	13.7%	13.4%	13.0%	13.0%	13.4%
SPRAIN	7.5%	7.6%	7.9%	8.2%	8.6%
ALL OTHER SPECIFIC INJURIES, NOC	6.5%	7.0%	6.4%	6.2%	6.1%
FOREIGN BODY	3.9%	3.8%	3.6%	3.1%	3.7%
PUNCTURE	3.6%	3.4%	3.4%	3.6%	3.7%
FRACTURE	3.4%	3.3%	3.2%	3.3%	3.6%
BURN	2.5%	2.5%	2.4%	2.4%	2.3%
INFLAMMATION	2.0%	2.0%	2.1%	2.5%	2.6%

Table 8
Top Ten Distribution of Reported Injuries by Cause of Injury
Calendar Years 1999-2003

<u>Cause of Injury</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
LIFTING	11.2%	10.9%	11.0%	11.3%	11.2%
STRAIN OR INJURY BY, NOC	4.9%	5.2%	5.3%	5.4%	5.3%
FALL, SLIP, TRIP, NOC	4.9%	5.4%	5.3%	5.3%	5.0%
REPETITIVE MOTION	4.4%	4.3%	4.4%	4.5%	4.2%
PUSHING OR PULLING	4.1%	4.0%	3.9%	4.1%	4.0%
OTHER-MISCELLANEOUS, NOC	4.1%	4.2%	4.7%	4.2%	3.8%
CUT, PUNCTURE, SCRAPE, NOC	4.0%	3.7%	3.8%	3.7%	3.6%
ON SAME LEVEL	4.0%	3.8%	3.8%	4.2%	4.8%
FALLING OR FLYING OBJECT	3.8%	3.6%	3.4%	3.5%	3.5%
FOREIGN MATTER (BODY) IN EYE(S)	3.6%	3.5%	3.4%		
STRUCK OR INJURED, NOC				3.8%	3.2%

Table 9
Reported Injuries by Gender*
Calendar Years 1999-2003



* Cases do not equal all reported injuries because gender was not reported on some Reports of Injury.

Table 10
Reported Injuries by Lost Time and Medical Only*
Calendar Years 1999-2003

Calendar Year	Lost Time Cases	Percentage of Total	Medical Only Cases	Percentage of Total	Total Lost Time and Medical Only Cases
1999	29,477	16.6%	148,116	83.4%	177,593
2000	28,958	16.5%	146,312	83.5%	175,270
2001	24,540	14.7%	142,027	85.3%	166,567
2002	20,228	13.0%	135,851	87.0%	156,079
2003	16,187	11.3%	127,057	88.7%	143,244

* Total Number of injuries for CY 2003 will increase with cases reported through a Claim for Compensation being filed where no Report or Injury was filed. In addition, more medical only cases will be classified as lost time cases as the Division receives additional information on a case.

Reported Injuries by Insurance Type

Table 11A
Calendar Year 1999

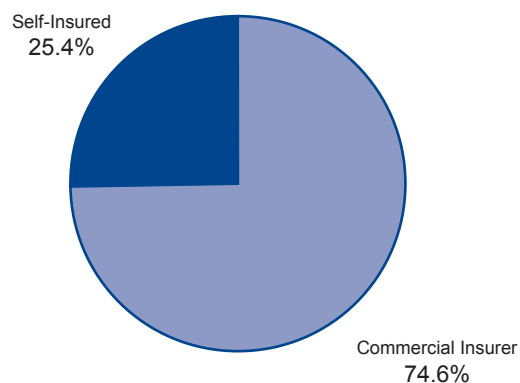


Table 11B
Calendar Year 2000

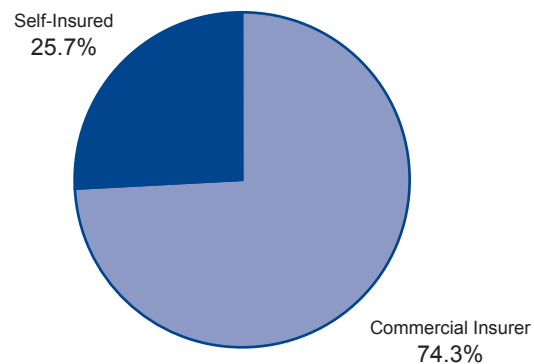


Table 11C
Calendar Year 2001

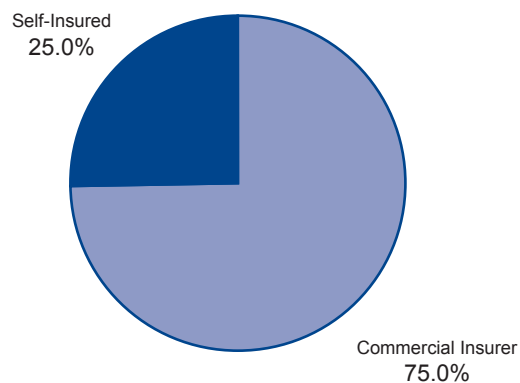


Table 11D
Calendar Year 2002

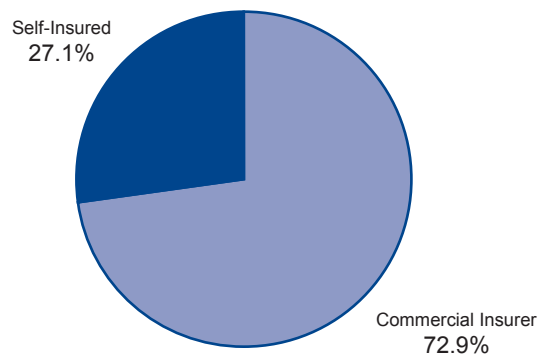
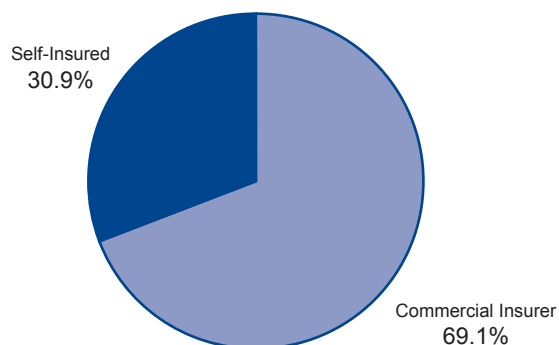


Table 11E
Calendar Year 2003



Local Office Map

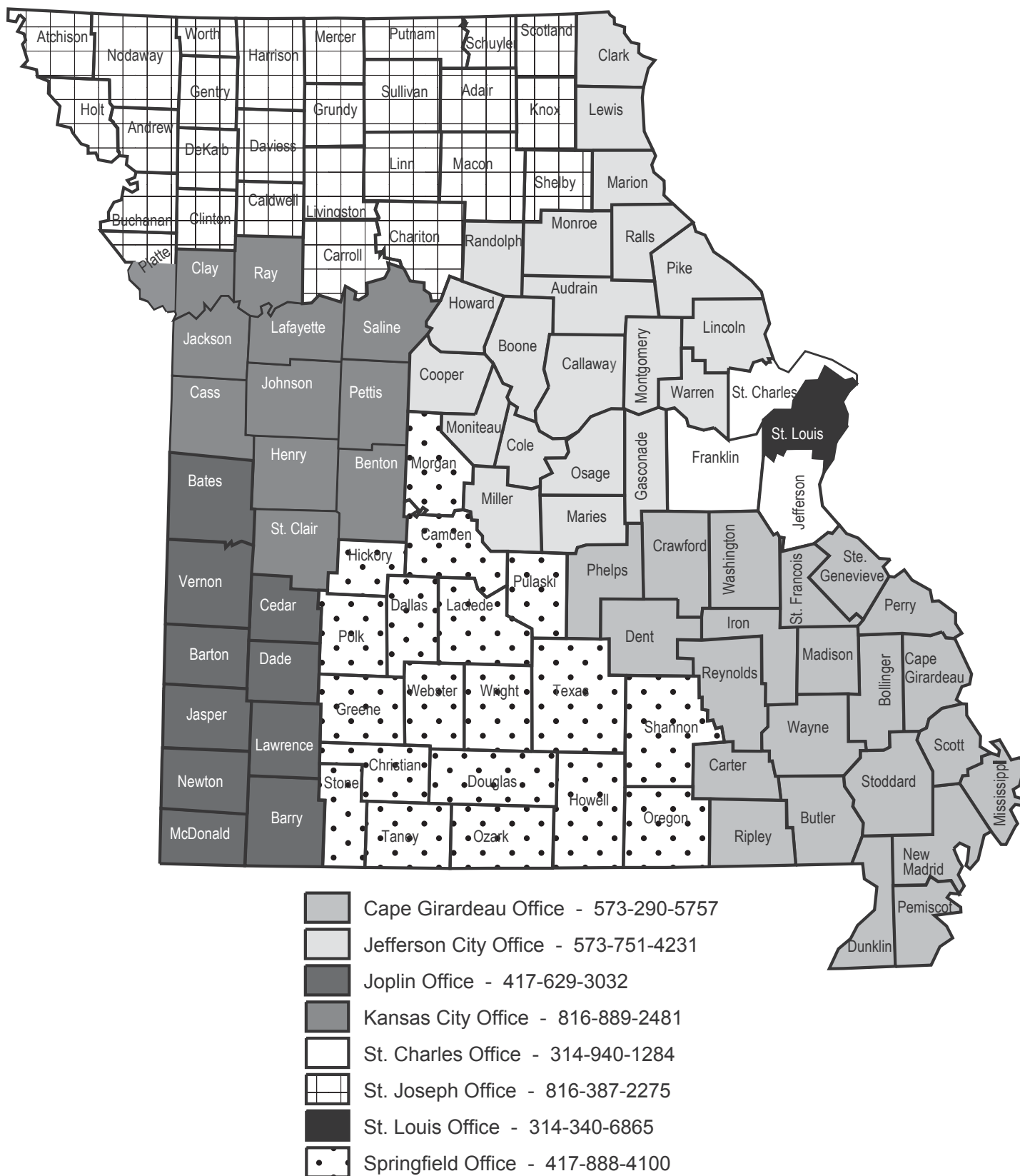


Table 12
Distribution of Injuries by Local Office*
Calendar Years 1999-2003

Local Office	1999	2000	2001	2002	2003
Cape Girardeau	12,504	12,285	12,276	11,792	11,301
Jefferson City	19,087	18,917	16,412	14,735	13,536
Joplin	12,728	12,103	10,449	9,464	8,036
Kansas City	34,347	35,878	36,750	35,010	33,175
Springfield	21,498	21,472	19,034	17,322	16,272
St. Charles	12,726	12,391	12,694	12,456	11,051
St. Joseph	9,986	9,181	8,377	7,303	6,919
St. Louis	54,709	53,026	50,567	47,963	42,787
Unassigned	8	17	8	34	67
Total	177,593	175,270	166,567	156,079	143,244

* Numbers based on county where injury occurred.

Table 13
Distribution of Claims by Local Office*
Calendar Years 1999-2003

Local Office	1999	2000	2001	2002	2003
Cape Girardeau	1,652	1,628	1,785	1,956	2,010
Jefferson City	1,806	1,868	2,011	1,814	1,620
Joplin	1,074	1,052	1,096	812	769
Kansas City	3,415	3,349	3,755	3,699	3,801
Springfield	1,714	1,769	2,125	1,926	1,801
St. Charles	2,226	2,143	2,469	2,419	2,156
St. Joseph	773	707	896	831	783
St. Louis	11,423	10,671	11,929	11,052	10,636
Total	24,083	23,187	26,066	24,509	23,576

* Numbers based on county where injury occurred.

Table 14
Distribution of Reported Injuries (Medical Only and Lost Time) by County*
Calendar Year 2003

COUNTY	Lost Time Cases	Medical Only Cases	COUNTY	Lost Time Cases	Medical Only Cases
ADAIR	34	391	DALLAS	18	112
ANDREW	5	64	DAVIESS	9	48
ATCHISON	26	115	DEKALB	9	33
AUDRAIN	92	499	DENT	21	140
BARRY	47	767	DOUGLAS	11	101
BARTON	21	381	DUNKLIN	40	408
BATES	17	159	FRANKLIN	170	1,783
BENTON	14	175	GASCONADE	28	231
BOLLINGER	8	33	GENTRY	12	107
BOONE	208	3,237	GREENE	598	7,050
BUCHANAN	172	2,019	GRUNDY	16	142
BUTLER	110	906	HARRISON	9	76
CALDWELL	6	66	HENRY	44	347
CALLAWAY	97	956	HICKORY	2	14
CAMDEN	69	660	HOLT	7	44
CAPE GIRARDEAU	143	1,590	HOWARD	10	45
CARROLL	7	143	HOWELL	58	759
CARTER	6	28	IRON	18	143
CASS	92	934	JACKSON	1,448	18,352
CEDAR	22	154	JASPER	327	3,319
CHARITON	11	67	JEFFERSON	177	1,959
CHRISTIAN	55	592	JOHNSON	59	768
CLARK	7	47	KNOX	2	45
CLAY	242	4,104	LACLEDE	45	658
CLINTON	34	264	LAFAYETTE	65	533
COLE	142	2,126	LAWRENCE	49	368
COOPER	18	311	LEWIS	17	129
CRAWFORD	30	259	LINCOLN	79	445
DADE	18	74	LINN	29	357

COUNTY	Lost Time Cases	Medical Only Cases
LIVINGSTON	39	370
MACON	19	268
MADISON	19	133
MARIES	5	33
MARION	50	821
MCDONALD	32	439
MERCER	7	171
MILLER	52	370
MISSISSIPPI	29	196
MONITEAU	14	148
MONROE	13	133
MONTGOMERY	17	190
MORGAN	12	168
NEW MADRID	35	293
NEWTON	59	534
NODAWAY	35	438
OREGON	11	52
OSAGE	7	198
OZARK	3	53
PEMISCOT	28	223
PERRY	71	708
PETTIS	52	1,255
PHELPS	102	780
PIKE	44	279
PLATTE	5	44
POLK	48	392
PULASKI	53	411
PUTNAM	5	54
RALLS	5	64

COUNTY	Lost Time Cases	Medical Only Cases
RANDOLPH	24	508
RAY	22	228
REYNOLDS	11	78
RIPLEY	10	83
SALINE	50	510
SCHUYLER	4	18
SCOTLAND	4	57
SCOTT	110	836
SHANNON	14	53
SHELBY	5	91
ST CHARLES	454	5,270
ST CLAIR	12	57
ST FRANCOIS	136	1,154
ST LOUIS CITY	542	8,069
ST LOUIS CO	2,181	26,804
STE GENEVIEVE	32	246
STODDARD	42	443
STONE	21	189
SULLIVAN	10	90
TANEY	85	1,237
TEXAS	41	271
VERNON	61	392
WARREN	47	294
WASHINGTON	29	269
WAYNE	16	87
WEBSTER	29	301
WORTH	2	9
WRIGHT	20	161

* Cases will not equal total injuries reported because some injuries occurred out of state.

Table 15
Total Second Injury Fund Benefits Paid by Type
Calendar Years 1999-2003

Benefit Type	1999	2000	2001	2002	2003
AG Expense*	\$ 543,994.89	\$ 558,014.02	\$ 511,342.93	\$ 567,307.43	N/A
Death	\$ 104,571.67	\$ 123,606.08	\$ 226,355.30	\$ 55,810.08	\$ 420,794.29
Lost Wages	\$ 67,862.73	\$ 147,687.33	\$ 162,167.55	\$ 250,690.07	\$ 340,462.33
Medical	\$ 311,230.07	\$ 629,874.33	\$ 749,756.35	\$ 629,129.71	\$ 765,430.92
PPD	\$19,018,269.53	\$20,450,828.98	\$26,687,694.05	\$34,810,285.78	\$38,829,384.19
PTD	\$ 6,784,441.75	\$ 7,918,283.53	\$11,041,873.67	\$11,775,044.57	\$13,170,923.58
Rehabilitation	\$ 123,289.94	\$ 118,930.36	\$ 180,696.12	\$ 234,421.11	\$ 243,434.31

* Attorney General expenses are for defense of the Second Injury Fund against filed Claims.

Table 16
Claims Filed Against Second Injury Fund – Employer/Insurer/SIF and SIF Only
Calendar Years 1999-2003

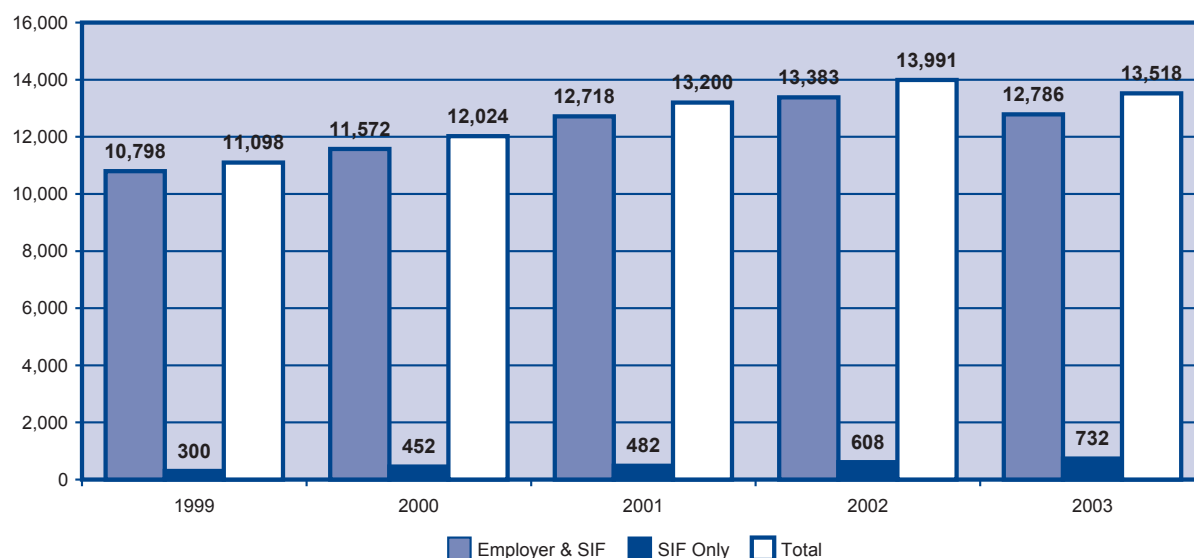


Table 17
Disability Maximum Benefit Amounts
Fiscal Years 1992-2004

Effective Date	Temporary Total 287.170 Max.	Permanent Partial 287.190 Max.	Perm. Total 287.200 Death 287.240. Max.
7/1/1992 To 8/27/1992	105% SAWW \$449.80	52% SAWW \$222.76	105% SAWW \$449.80
8/28/1992 To 6/30/1993	105% SAWW \$449.80	55% SAWW \$235.61	105% SAWW \$449.80
7/1/1993 To 6/30/1994	105% SAWW \$470.06	55% SAWW \$246.22	105% SAWW \$470.06
7/1/1994 To 6/30/1995	105% SAWW \$476.28	55% SAWW \$249.48	105% SAWW \$476.28
7/1/1995 To 6/30/1996	105% SAWW \$491.19	55% SAWW \$257.29	105% SAWW \$491.19
7/1/1996 To 6/30/1997	105% SAWW \$513.01	55% SAWW \$268.72	105% SAWW \$513.01
7/1/1997 To 6/30/1998	105% SAWW \$531.52	55% SAWW \$278.42	105% SAWW \$531.52
7/1/1998 To 6/30/1999	105% SAWW \$562.67	55% SAWW \$294.73	105% SAWW \$562.67
7/1/1999 To 6/30/2000	105% SAWW \$578.48	55% SAWW \$303.01	105% SAWW \$578.48
7/1/2000 To 6/30/2001	105% SAWW \$599.96	55% SAWW \$314.26	105% SAWW \$599.96
7/1/2001 To 6/30/2002	105% SAWW \$628.90	55% SAWW \$329.42	105% SAWW \$628.90
7/1/2002 To 6/30/2003	105% SAWW \$649.32	55% SAWW \$340.12	105% SAWW \$649.32
7/1/2003 To 6/30/2004	105% SAWW \$662.55	55% SAWW \$347.05	105% SAWW \$662.55

Table 18
Case Dispositions
Calendar Years 1999-2003

Calendar Year	Awards	Settlements	Dismissals	Total Dispositions
1999	803	33,142	12,890	46,835
2000	764	33,981	12,064	46,809
2001	757	35,187	11,911	47,855
2002	807	35,302	12,643	48,752
2003	826	35,558	11,961	48,345

Table 19
Proceedings Held Before an Administrative Law Judge or Legal Advisor
Calendar Years 1999-2003

Calendar Year	Conferences	Prehearings	Mediations	Hearings
1999	20,194	51,293	19,612	875
2000	22,637	48,883	23,496	950
2001	18,734	56,514	21,877	921
2002	22,347	61,871	25,480	872
2003	21,685	60,651	23,673	928

Table 20

Percentage of Cases with Claim Filed Resolved at Prehearing, Mediation or Hearing
Cases Closed 1999-2003, Statewide and by Local Office

Year of Closure	Resolved at Prehearing	Resolved at Mediation	Resolved at Hearing	Year of Closure	Resolved at Prehearing	Resolved at Mediation	Resolved at Hearing
Statewide				Cape Girardeau			
1999	66.2	30.7	3.1	1999	80.9	15.8	3.3
2000	62.4	34.6	3.0	2000	49.5	47.2	3.2
2001	63.6	33.7	2.7	2001	32.7	64.4	2.8
2002	63.0	33.7	3.3	2002	28.2	68.2	3.1
2003	62.9	33.9	3.2	2003	31.0	65.9	3.1
Jefferson City				Joplin			
1999	70.5	27.5	2.1	1999	94.3	0.6	5.1
2000	70.0	26.9	3.1	2000	94.7	0.7	4.6
2001	70.0	27.2	2.8	2001	96.7	0.7	2.6
2002	74.9	21.7	3.4	2002	95.8	0.4	3.7
2003	72.2	24.8	3.0	2003	96.1	0.5	3.4
Kansas City				St. Charles			
1999	37.4	56.1	6.5	1999	71.2	25.3	3.5
2000	32.9	61.3	5.8	2000	71.5	25.8	2.7
2001	33.2	61.6	5.2	2001	71.6	26.3	2.1
2002	32.1	61.2	6.7	2002	70.2	26.8	2.9
2003	32.9	60.9	6.2	2003	71.1	26.3	2.6
St. Joseph				St. Louis			
1999	78.2	15.2	6.7	1999	65.3	32.8	1.9
2000	77.8	16.7	5.6	2000	62.8	35.4	1.9
2001	78.5	17.2	4.3	2001	67.4	30.6	1.9
2002	80.9	16.1	3.1	2002	67.0	30.7	2.3
2003	79.8	16.9	3.3	2003	66.9	30.8	2.3
Springfield							
1999	67.8	27.2	5.0				
2000	67.0	28.4	4.6				
2001	64.1	32.1	3.8				
2002	67.4	28.0	4.6				
2003	66.8	28.5	4.7				

Table 21
Division of Workers' Compensation Activity
Calendar Years 1999-2003

Calendar Year	Missouri Employed Workers	Injury Reports	Paid Indemnity Claims	Claims for Compensation	Informal Conferences Held	Prehearing Conferences Held
1999	2,669,600	177,593	37,766	24,083	20,194	51,293
2000	2,689,200	175,270	37,551	23,187	22,637	48,883
2001	2,676,000	166,567	34,920	26,066	18,734	56,514
2002	2,627,200	156,079	35,614	24,509	22,347	61,871
2003	N/A	143,244*	N/A	23,576	21,685	60,651
Calendar Year	Mediations Held	Hearings Held	Awards	Appeals to Commission	Appeals to Court of Appeals	
1999	19,612	875	803	N/A	N/A	
2000	23,496	950	764	453	137	
2001	21,877	921	757	397	156	
2002	25,480	872	807	445	113	
2003	23,673	928	826	429	121	

* Total number of injuries for CY 2003 will increase with cases reported through a Claim for Compensation being filed where no Report of Injury was filed.

Publications

Free Informational Pamphlets and Booklets

- Employee's Guide to the Missouri Workers' Compensation System – English and Espanol (WC-118)
- Employer's Guide to Workers' Compensation Insurance (WC-119)
- Facts for Injured Workers – English and Espanol (WC-101)
- Missouri Workers' Safety Program (WC-123)
- Dispute Management Process (WC-107)
- Appeals Rights and Procedures (WC-116)
- Missouri's Second Injury Fund (WC-120)
- Self-Insuring Workers' Compensation Liability (WC-125)
- Self-Insuring Workers' Compensation Liability Through Trusts (WC-124)
- Rules Governing Self-Insurance (WC-112)
- Workers' Compensation: Fraud and Noncompliance (FN-09)
- Crime Victims' Compensation – English and Espanol (CV-14)
- Missouri Workers' Compensation Poster (WC-106)
- Factors That May Affect an Employee's Workers' Compensation Case: A Brief Summary (WC-136)

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